RADIOACTIVE MATERIALS LICENSE APPLICATION MASSACHUSETTS DEPARTMENT OF PUBLIC HEALTH, RADIATION CONTROL PROGRAM

INSTRUCTIONS - Complete all items in this application for a new license or the renewal of an existing license. Use supplemental sheets where necessary. Item 13 must be completed on all applications. Mail the completed application to: Radiation Control Program, 90 Washington Street, $2^{\rm nd}$ Floor, Boston, MA 02121. Upon approval of this application, the applicant will receive a Commonwealth of Massachusetts Radioactive Material License.

1. THIS IS AN APPLICATION FOR A. NEW LICENSE B. AMENDMENT TO LIC.NO C. RENEWAL OF LICENSE NO	2. NAME AND MAILING ADDRESS OF APPLICANT(Include zip code)				
3. ADDRESSES WHERE LICENSED MATERIAL WILL BE USED OR POSSESSED.					
4. NAME OF PERSON TO BE CONTACTED ABOUT THIS APPLICATION.	TELEPHONE NUMBER	E-MAIL(OPTIONAL)			
SUBMIT ITEMS 5 THROUGH 12 ON $8\% \times 11$ " PAPER. THE TYPE AND SCOPE OF INFORMATION TO BE PROVIDED IS DESCRIBED IN THE LICENSE APPLICATION GUIDE.					
5. RADIOACTIVE MATERIAL a. Element & mass number; b. Chemical and/or physical form; c. Maximum amount that will be possessed at any one time.	6. PURPOSE(S) FOR WHICH LICENSED MATERIAL WILL BE USED.				
7. INDIVIDUAL(S) RESPONSIBLE FOR RADIATION SAFETY PROGRAM AND THEIR TRAINING AND EXPERIENCE.	8. TRAINING FOR INDIVIDUALS WORKING IN OR FREQUENTING RESTRICTED AREAS.				
9. FACILITIES AND EQUIPMENT.	10. RADIATION SAFETY PROGRAM				
11. WASTE MANAGEMENT (INCLUDE MINIMIZATION STATEMENT/PLAN)	12. CORPORATE STRUCTURE				
ITEM 13 - CERTIFICATE (This item must be completed)					
THE APPLICANT AND ANY OFFICIAL EXECUTING THIS CERTIFICATE ON BEHALF OF THE APPLICANT NAMED IN ITEM 1, CERTIFY THAT THIS APPLICATION IS PREPARED IN CONFORMITY WITH APPLICABLE STATE REGULATIONS AND THAT ALL INFORMATION CONTAINED HEREIN, INCLUDING ANY SUPPLEMENTS ATTACHED HERETO, IS TRUE AND CORRECT TO THE BEST OF OUR KNOWLEDGE AND BELIEF.					
By:					
TYPE OR PRINT NAME OF CERTIFYING OFFICIAL SIGNATURE					
Date:					
TITLE OF CERTIFYING INDIVIDUAL					

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SUPPLEMENT A APPLICATION FOR RADIOACTIVE MATERIAL LICENSE DEPARTMENT OF PUBLIC HEALTH, RADIATION CONTROL PROGRAM

TRAINING AND EXPERIENCE AUTHORIZED USER OR RADIATION SAFETY OFFICER						
1. NAME OF AUTHORIZED USER OR RADIATION SAFETY OFFICER:		2. STATE OR TERRITORY IN WHICH LICENSED TO PRACTICE MEDICINE:				
3. CERTIFICATION						
SPE	CIALTY BOARD A	CATEGORY B	MONTH AND YEAR CERTIFIED C			
4. TRAINING RECEIVED IN BASIC RADIOISOTOPE HANDLING TECHNIQUES						
FIEL	FIELD OF TRAINING LOCATION AND DATES OF		TYPE AND LENGTH OF TRAINING			
	А	TRAINING B	LECTURE/ LABORATORY COURSES (HRS) C	SUPERVISED LABORATORY EXPERIENCE (HRS) D		
	ON PHYSICS					
b. RADIATI	ON PROTECTION					
THE USE	CICS PERTAINING TO C AND MEASUREMENT DIOACTIVITY					
d. RADIATI	ON BIOLOGY					
e. RADIOPH CHEMIS	IARMACEUTICAL TRY					
5. EXPERIENCE WITH RADIATION (Actual use of Radioisotopes)						
ISOTOPE	mCi USED AT ONE TIME	LOCATION	CLOCK HOURS	TYPE OF USE		

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SUPPLEMENT B APPLICATION FOR RADIOACTIVE MATERIAL LICENSE DEPARTMENT OF PUBLIC HEALTH, RADIATION CONTROL PROGRAM

PRECEPTOR STATEMENT Statement must be completed by the applicant's preceptor. If more than one preceptor is necessary to document experience, obtain a separate statement from each. PROPOSED PHYSICIAN USER' NAME & KEY TO COLUMN C; PERSONAL PARTICIPATION 1. SHOULD CONSIST OF: ADDRESS: 1. Supervised examination of patients to determine the suitability for radioisotope FULL NAME diagnosis and/or treatment and recommendation for prescribed dose. 2. Collaboration in dose calibration and actual administration of dose to the STREET ADDRESS patient including calculation of the radiation dose, related measurements and plotting of data. 3. Adequate period of training to enable R STATE R ZIP physician to manage radioactive patients and follow patients through diagnosis and/or course of treatment. 2. CLINICAL TRAINING AND EXPERIENCE OF ABOVE NAMED PHYSICIAN ISOTOPE NUMBER OF CASES COMMENTS DIAGNOSTIC PROCEDURES INVOLVING (Additional information Α В PERSONAL or comments may be PARTICIPATION submitted on separate sheets.) THYROID SCAN 1111111111 1111111111 THYROID UPTAKE 1111111111 1111111111 LUNG PERFUSION SCAN 1111111111 1111111111 XENON VENTILATION STUDY 1111111111 1111111111 AEROSOL VENTILATION SCAN 1111111111 1111111111 RENAL FLOW SCAN 1111111111 1111111111 BRAIN SCAN 1111111111 1111111111 LIVER/SPLEEN SCAN 1111111111 BONE SCAN 1111111111 1111111111 GASTROESOPHAGEAL STUDY 1111111111 11111111111 1111111111 LaVeen SHUNT STUDY !!!!!!!!!! 1111111111 CYSTOGRAM 1111111111 DACRYOCYSTOGRAM 1111111111 1111111111 CARDIAC PERFUSION STUDY 1111111111 1111111111 1111111111 CARDIAC STRESS !!!!!!!!!! VENTRICULOGRAM 1111111111 GALLIUM SCAN

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ISOTOPE	MEDICAL PROCEDUI	RES	NUMBER OF CASES INVOLVING PERSONAL PARTICIPATION	COMMENTS (Additional information or comments may be submitted on separate sheets.)
	UPTAKE, DILUTION	AND EXCRETION		
Cobalt-57	As Labeled Cyan	ocobalamin.		
Iodine-123 As Sodium Iodide or Sodium Iodohippurate				
measurements of	uptake, dilution, med Investigations	or excretion for	and for a diagnost: which the FDA has New Drug"(IND) or	accepted a
	IMAGING AND LOCA	ALIZATION		
Fluorine-18	In solution	In solution		
Gallium-67	As citrate	As citrate		
Krypton-81m	As a gas from a Rubidium-81 generator			
Indium-111	As DTPA or oxyg	As DTPA or oxyquinoline		
Iodine-123	As sodium iodide, sodium iodohippurate, or iofetamine HCL.			
Thallium-201	As chloride.			
Xenon-127	As a gas.	As a gas.		
kit for prepara material for wh	tion and diagnosti	c use of a radio	of Claimed Invest:	nerator or reagent taining radioactive igational Exemption
3. DATES AND TO	TAL NUMBER OF HOUE	RS RECEIVED IN CLI	NICAL RADIOISOTOPE	TRAINING:
LOCATION DATES		CLOCK HOURS OF EXPERIENCE		
4. THE TRAINING	AND EXPERIENCE IN	IDICATED ABOVE WAS	OBTAINED UNDER THE	E SUPERVISION OF:
a. NAME OF SUPE	RVISOR:			
b. NAME OF INST	'ITUTION:			
c. MAILING ADDR	ESS:			
d. CITY, STATE,	7TD:			

5. MATERIALS LICENSE NUMBER(S):

- 6. PRECEPTOR'S SIGNATURE
- 7. PRECEPTOR'S NAME (PRINT OR TYPE)
- 8. DATE

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